

Matrix Human Services
Social Impact Bonds – Pay for Success Based Financing
Request for Information
Criminal Justice Success Model

Organizational Background

Matrix Human Services (MHS), a not-for-profit 501(c)(3) organization originally founded in 1906, assists the less fortunate obtain a better way of life and has a 107-year history of serving Detroiters with a mission focused on breaking the cycle of poverty. Matrix offers a strong presence in the east-side Osborn community through services and collaborations centered at the Matrix Human Services Center (The Center) located at E. McNichols and Gratiot. The Center is the hub of strong partnerships with other organizations such as the United Children and Families Head Start, Sew Up the Safety Net (a Henry Ford Hospital collaborative), the University of Michigan Legal Services, The Osborn Neighborhood Alliance (ONA), Forgotten Harvest (food giveaway program), and the Detroit Police Athletic League (PAL basketball).

Matrix has extensive experience working with and integrating a comprehensive network of programs, including fiduciary and reporting oversight. Matrix offers “Transition To Success™” (TTS™) proven system of care for returning citizens, supported through programs such as the Landlord Alliance and Matrix Partnership for Housing, Ways to Work, Community Financial Center, the Employment Center, Food Assistance; Head Start, Youth Assistance, Born to Succeed, Parents as Teachers, Connecting Families, Bridging the Gap, Senior Wellness Services, Ryan White HIV/AIDS; and community involvement connections with countless volunteer opportunities within Matrix and partner organizations.

Marcella Wilson, Ph.D. – Matrix Human Services CEO/President

Marcella Wilson, Ph.D., a lifelong Michigan resident, has over 30 years of experience in healthcare and social work services. Her extensive experience includes not-for-profit management, managed care systems, behavioral health, criminal justice and public sector programming. Dr. Wilson, a University of Michigan alumnus, holds degrees in psychology, sociology, a master's degree in social work and a Ph.D. in health care administration. Dr. Wilson is committed to developing comprehensive systems of care that targets generational poverty.

Dr. Wilson serves as an Advisory Board member for Wayne State University Reuther Library; Long Term Planning co-chair for Detroit Area Agency on Aging; and member of the Detroit Literacy Council. Dr. Wilson accepted the recent Charter One Foundation Community Champion Award sponsored by the Local Initiatives Support Corporation (LISC) in 2009.

In her current position as President/CEO for Matrix Human Services, Dr. Wilson is focused on expanding current programming and new program development specific to the needs of the residents of the City of Detroit. With the theme of “Transition To Success™”, Matrix programs demonstrate their effectiveness through comprehensive structured programs, collaborations, meaningful outcome measures and real client success stories. Dr. Wilson’s work at Matrix has been showcased on CBS Evening News, The NY Times and at Harvard University.

Under Dr. Wilson’s leadership, Matrix programs address challenging social issues that include child abuse and neglect, runaway youth, substance abuse, hunger, senior services and homelessness. Matrix also focuses on the importance of education through our Matrix Human Services Community Center and

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Head Start program, the largest Head Start program in Detroit. Matrix serves over 10,000 consumers a year through a comprehensive network of programs and services.

Goals

The goal of this proposal is to transition re-entering citizens to self-sufficiency, utilizing a structured, comprehensive, integrated system of care that collaborates with and engages an existing already-funded, human service delivery system. This system of care, developed by Marcella Wilson, Ph.D., President and CEO of Matrix Human Services, along with a curriculum of training for professionals developed through a grant to MHS from the Kellogg Foundation, is called Transition to Success™.

Using the principles of Transition to Success™, this re-entry program proposes to:

- Create a safe, nurturing and structured environment for re-entering citizens;
- Hold participants accountable to their person-centered Transition to Success™ plan of care, which is called a “Map of My Dreams™”;
- Conduct outreach to existing human service programs and community supports to create referral pathways for re-entering citizens;
- Integrate existing comprehensive person-centered assessments such as COMPAS, including immediate needs and personal and long-range goals;
- Identify and make referrals to existing agencies and services to meet basic needs (health, education, financial stability, food, and housing) and ongoing supports. This coordinated approach to referrals and direction to supports is called Coordinating All Resources Effectively (the CARE™ Plan), and is a critical component of the Transition to Success™ model.
- Transition re-entering citizens from short-term housing or supervised living to permanent housing within the community;
- Provide employment training for those individuals requiring soft-skill employment training and cognitive behavioral training (CBT) support;
- Engage enrolled clients in Financial Literacy training that, when accompanied with a six-month term of employment, may lead to eligibility a Ways to Work car loan. Ways to Work is a national program supported by the Kellogg Foundation and the Alliance for Children and Families and supports mini-loans to working clients for the purchase of an automobile.

Transition to Success

Transition to Success™ (TTS™) is a holistic model of care designed to break the cycle of poverty by moving clients to economic self-sufficiency and personal success. TTS™ transitions individuals to self-sufficiency through a structured, comprehensive, integrated, scientifically-driven system of care. This approach is recommended by Matrix Human Services to assist with the needs and pathways to success for all categories of clients.

Clients, enrolled in the TTS™ model of care are first given hope while their basic needs are addressed. Basic needs often include food, clothing, physical, psychological and health care needs, financial supports, legal aid, medication assistance and support groups for the challenges of their lives. With the development of a CARE™ (Coordinating All Resources Effectively™) Plan, the Case Coordinator assists with employment skills, building of financial and personal assets and training and education programs for clients interested and able to pursue those levels of development. Clients of all ages are encouraged to volunteer, particularly as an entry into their career of choice. Once accomplished, clients move on to the third phase – making their dreams come true. At this level, clients are supported as they work toward skilled employment.

TTS™ is person-centered planning to build a dream that creates an individualized plan for success, guided by client's goals and supported by a trained Case Coordinator's knowledge of community resources and supports that include the Michigan Department of Human Services PATH program.

Clients are encouraged to attend Employment Center trainings on a weekly basis and to participate in support groups available in their community. In Detroit, the support comes from programs like Matrix Landlord Alliance and Matrix Partnerships for Housing presenting opportunities for clients to transition to more permanent housing. Matrix works with landlords and property managers in the Detroit area to provide continuing wrap-around supportive services while individuals are living in independent housing properties. The Case Coordinator for this project works closely with landlords and property managers to ensure safe and appropriate housing opportunities are available for clients.

The goal is to treat each client as an individual and to support their dreams of a self-sufficient future. The TTS™ model allows for the measurement of outcomes by using a self-sufficiency measurement tool that measures health, educational and economic self-sufficiency indicators.

Availability of Performance Measures for Assessing Outcomes

Matrix Human Services has adopted a measurement tool to measure client outcomes in eighteen (18) different categories. These measures include housing, income, employment, childcare, domestic situations, stress, nutrition, behavioral health, medical health, neighborhood stability, and nutrition. These categories, referred to as domains, have been adapted from the housing assessment model used by the State of Arizona. The model is being used with the permission of the State of Arizona Housing Department and has been adjusted to accommodate the holistic model of care prescribed for use in the TTS™ model.

Clients are assessed at their initial point of enrollment in programming and are "scored" at regular intervals throughout their case management. The work of the original prisoner reentry program at Matrix used the philosophy of this tool, but did not have the benefit of the tool itself. The tool has been used by an affiliate of Matrix, Family Services of Detroit and Wayne County (FSDWC). FSDWC is a behavioral health agency in the City of Detroit, serving those who are not chronically and persistently mentally ill. The staff of FSDWC are the first licensed clinicians in the country to have been trained in the TTS™ model. As part of this model, the screening tool becomes part of the counseling intake process and measures progress as clients move forward in their treatment.

The assessment tool has also been implemented as part of the intake and service process for the Family Service workers of the Matrix Head Start program. The same protocols will be followed for the screening at the initial intake and subsequent rescoring to determine progress or movement

The TTS™ process is being evaluated by the research team of Evaluation Strategies; Kimberly Browning, Ph.D., and Lena Malofeeva, Ph.D. Drs. Browning and Malofeeva are collecting the data from the scoring tool and analyzing it for all significant changes related to the application of the TTS™ model. There is interest in tracking the significance of clinical dosage of care in comparison to the level of movement toward greater financial stability and improved health (both mental and clinical). The evaluation is made possible through a grant from the Kellogg Foundation in their support of the development and implementation of curriculum, training, and testing of the TTS™ model.

Strong Evidence Base to Achieve Outcome Targets

In a two-year award from the Community Foundation that ran from early 2010 through mid-2012, Matrix Human Services was charged with serving men and women ages 18+ with criminal justice

involvement, who were returning to and living in the Osborn (ZIPs 40205 and 48234) community. The project was called the Detroit Safe Community Collaborative (DSCC). It was positioned to provide a centralized system of care using the TTS™ model to assure effective and appropriate utilization and collaboration between employment, housing, and public safety sectors.

The application of the TTS™ model of care has been demonstrated to be successful in a study of individuals returning to their community following incarceration. In that independent research study, the recidivism rate for 216 clients enrolled in the TTS™ model of care was 7%, compared to the national average of 43-45% (Pew Research).

Based on the review of the project by Kahle Research Solutions, the following outcomes were achieved:

(The following summary of goal evaluations is from “Detroit Safe Community Collaborative “Welcome Home” Initiative in the Osborn Neighborhood”, Final Report: Prepared by Kahle Research Solutions Inc., September 2012)

Goal: Overall System of Care

- *This initiative far exceeded its goal in terms of number of clients served. From February 2010 through June 2012, 216 clients were served by the program according to Case Management data, well above the objective of serving 150 clients.*
- *Of the 216 clients served, Matrix staff members were able to verify that 162 have valid Michigan Department of Corrections numbers. Of these 162, it is documented that 12 have been re-incarcerated, resulting in a recidivism rate of 7% for this subsample of clients served by Matrix since January of 2010. As a point of comparison, The Pew Charitable trust reports recidivism rates for all 50 states:*
 - *"According to the survey results, 45.4 percent of people released from prison in 1999 and 43.3 percent of those sent home in 2004 were reincarcerated within three years, either for committing a new crime or for violating conditions governing their release." In Michigan for the period of 2004-2007, Pew reports a rate of 31%. (http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/sentencing_and_corrections/State_Recidivism_Revolving_Door_America_Prisons%20.pdf.)*
 - *The Matrix recidivism rate and comparisons need to be viewed with care as it is based only on a review of each client via the Michigan Department of Corrections' (MDOC) Offender Tracking Information System (OTIS) in August 2012. Some Matrix clients were served in the final months of the program in 2012 and others closer to the beginning of the program in 2010. As a result, the amount of time out of prison varies widely. The Pew study defined recidivism as within three years of release. Most Matrix clients have been out of prison for less than 3 years. Additional limitations of this approach are that absconders, clients charged but not yet convicted nor sentenced, and/or those serving time in county jail do not show up via OTIS. Some clients may use aliases that also confound calculating precise recidivism rates.*
- *Still, with all of these limitations taken into account, the fact that only 12 of 162 clients have been re-incarcerated is very encouraging and suggests the program is effective at diverting formerly incarcerated men and women from re-incarceration.*

Transition To Success™

- *Ninety-nine percent (213) of the clients have Transition to Success plans in place according to Case Management data.*
- *According to the Client Survey data, 89% of survey respondents report that they created Transition To Success plans with their Case Manager. Of those who did create the plan, the majority (82%) report that they are actively working on the goals they developed. Ten percent (7) of respondents indicate that they have achieved all of their goals, with only 3% (2) reporting that they have not made any progress.*
- *Creating a TTS™ Plan appears to be effective. One hundred percent of survey respondents with a steady full time job report that they created a TTS™ plan, as did 92% of those working a steady part time job (92%) and 100% of those unemployed but enrolled in a work training or education program. Even those without steady employment, but who work “legal odd jobs” have completed TTS™ plans (89%). This compares to just 50% of those working as an unpaid intern and 58% neither working nor enrolled in an education/training program having completed a TTS™ plan. Caution needs to be exercised with these comparisons, however, as sample sizes are very small and the results are not statistically significant.*
- *Sixty-six percent of Client Survey respondents report that the services offered by Matrix helped them meet their educational / job training goals. In addition, approximately one third of Client Survey respondents report that Matrix services have helped them get a job (39%) or find a permanent home (33%).*
- *Seventy-two percent of Client Survey respondents report that they are “completely” satisfied with their experiences at the Matrix Center, and another 25% are “somewhat” satisfied.*
- *Satisfaction with the staff at the Matrix Center is high among Client Survey respondents, with 75% reporting that they are “completely” satisfied and another 21% “somewhat” satisfied. (See Exhibit 9.)*
- *In the vast majority of the cases, clients’ immediate basic needs of food, clothing, housing and access to medical care have been met with referrals, according to Case Management data. In addition to employment, which 42% report as a need, needs for housing and transportation are most commonly reported.*
- *The Case Management data also shows that support for transportation in the form of bus tickets is by far the most common resource provided. This is followed by support for employment and provision of personal care items like food and clothing to clients in the program.*
- *While Matrix staff have responded to clients’ immediate needs with referrals to appropriate agencies, according to Client Survey respondents, some of their basic human needs continue to be unmet. Sixty-two percent of Client Survey respondents report they have received food-related services at the Matrix Center, yet a full one-third report still needing assistance with food. Twenty-one percent report that their initial health care needs were met, yet 58% report they still need assistance with dental care, and 47% with medical care.*

- *Of special note is that about one in four (23%) of these Client Survey respondents report their health as “fair” or “poor.” Slightly less than half (48%) describe their current health status as “good”, with another 28% describing it as “excellent”.*
 - *This is consistent with other health related data. In “County Health Rankings and Ratings,” a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin’s Population Health Institute, Wayne County ranks 81 of 82 counties whose Health Outcomes were ranked. There, 2012 data shows 18% of Wayne County residents self-report that they have “poor” or “fair” health, compared to 14% state-wide.*

(<http://www.countyhealthrankings.org/app/michigan/2012/wayne/county/1/overall.>)

Goal: Employment

- *According to Client Survey data, nearly half of respondents report that they held a steady job prior to incarceration. Now, only 17% report being employed full-time and another 17% report being employed part-time. Almost half (46%) of those employed have had jobs for more than one year according to the Client Survey. These data suggest that incarceration is detrimental to employment post release.*
- *These client respondents list Food Service (27%), Industrial (23%), Clerical (20%), Construction (10%) and Janitorial (7%) as the industries where they are employed.*
- *Slightly fewer than half of those employed report working 40 or more hours per week according to Client Survey respondents. Wages for these employees range from nothing (unpaid internships) to between \$11-15 per hour. The average wage for those employed is \$7.80. On average it takes eight months for a returning citizen in this Client Survey to find steady work.*
 - *It is not surprising that these respondents have difficulty obtaining full time employment. According to data from the U.S. Bureau of Labor Statistics, the unemployment rate (not seasonally adjusted) for the City of Detroit in July 2012 was 21.1%. Actual rates of full time participation in the workforce indicate a very challenging environment for all, especially those with a felony conviction.*

http://www.google.com/publicdata/explore?ds=z1ebjpgk2654c1_&met_y=unemployment_rate&idim=city:PS260250&fdim_y=seasonality:U&dl=en&hl=en&q=unemployment+rate+detroit+mi.

- *Nearly all Client Survey respondents report being “always” (89%) or “sometimes” (9%) asked about their felony conviction history during interviews or on job applications.*
- *According to Case Management data, in calendar year 2011, 75 career pre-tests and 71 post tests were administered by Matrix as part of its career preparation efforts. In the first six months of calendar year 2012, those numbers increased to 82 of each.*
- *According to Client Survey respondents, the most frequently used services are the Career Training (69%) and Financial Literacy (51%) workshops held at the Matrix Center. Nearly half of Client Survey respondents report attending Cognitive/Behavioral Training (48%) and Life Coaching (47%) sessions. In addition, almost a quarter (23%) report attending the Wednesday Pro Social Breakfast.*

- *Prior to incarceration, 30% of Client Survey respondents report that they did not graduate high school or have a GED.*
- *Sixty-seven percent of Client Survey respondents report that they participated in training or educational programs while incarcerated. Nearly half report receiving a GED while in prison and four out of ten report earning job training or employment readiness certificates.*
- *Clients seem motivated to pursue further education. Nearly nine out of ten (87%) Client Survey respondents report that they plan to pursue additional education or training. At the time of the survey, however, slightly more than a quarter (28%) of survey respondents report that they are currently enrolled in a training or education program (33% of the women and 16% of the men).*
- *Of the 27 Client Survey respondents currently in a training or education program 40% (11) are attending a community college, and 19% (5) are enrolled at a college or university.*

Goal: Housing

- *According to the Client Survey, there has been a significant increase in the number of clients who are in stable housing. Sixty percent of Client Survey respondents say they either rent, own, or permanently share housing with others. This compares to just 20% (44) of clients at intake who report renting or owning their own home, according to Case Management data.*
- *At intake, Case Management data shows that 70% of clients report temporarily living with family and friends. In the Client Survey, just 32% of Client Survey respondents indicate that they are still in temporary housing.*
- *Case Management data shows that 8% of clients report being homeless or in transitional housing at intake. In the Client Survey, 6% still report being homeless.*

Well Defined Participant Base

The participant base for this project is significant. Based on data from www.city-date.com/city/detroit-michigan, from the Detroit area, there are 2,754 individuals currently incarcerated; 2,130 in state prisons, 489 in local jails, and 135 in correctional residential facilities. We also know that 1,623 of that population are eligible for probation and that 5,983 are currently on probation (www.michigan.gov/documents/corrections).

Based on the completed DSCC study referenced in this report, where it was predicted that 75 individuals would be served in each year of the project, we do know that often this population base is slow to respond to service opportunities. This is a matter of building trust with the population served. In the DSCC study, it should be noted that the early enrollment was slow, but that momentum built throughout the project, so that service levels concluded at 144% of the anticipated goal.

As Matrix approaches this new opportunity, it is anticipated that: 1) There is a level of need for services to re-entry individuals as is evidenced by the statistics noted earlier. 2) The Matrix Service Center is located in an area of Detroit that has a high level of returning citizens and the Center is easily accessible by major bus lines for those that need public transportation. The programs and services of Matrix,

particularly the use of the TTS™ model, have a reputation of quality service delivery among the professionals who could refer clients.

During the time of the prisoner reentry project, and since that time, Matrix had and has developed significant relationships that could provide appropriate client referrals for a reentry program. Matrix is considered a partner agency with Operation Ceasefire, a newly launched initiative to deal with returning citizens still on parole or probation. Matrix also works closely with over 150 local agencies (Forgotten Harvest, Coalition on Temporary Shelter (COTS), Legal Aid and Defenders, City of Detroit Institute of Population Health, The MAN (Maintaining a Neighborhood) Network, local churches, and law enforcement offices), who will be part of the referral process.

For these reasons, it is anticipated that the participant base could assume, at a minimum, 200 participants served within a year.

Scalability

The TTS™ model is created with a methodology that it is a teachable and replicable application readily applied within most agencies within existing funding streams. In fact, the Transition to Success™ curriculum, developed through a relationship with Marygrove College, is currently enrolling individuals and agencies around the country in the Train the Trainer classes so that the TTS™ model of care can be replicated in human service agencies, educational institutions, and businesses throughout the country. The State of Michigan Department of Human Services (MDHS) has received training in this model and is anxious to incorporate it in their **Pathways to Potential** programming. In addition, MDHS has submitted a federal Court seeking to implement TTS™ in the foster care system.

The TTS™ model uses a system of care that connects individuals to already existing, already funded, resources (such as 211, Veterans Administration benefits, food pantry programs, etc.). These resources, though different in every community, are well-known to service professionals. The TTS™ care model also uses mental health counseling services that are billable as part of the 20-visit outpatient visits provided to Medicaid enrollees. Since the TTS™ training has education/training modules for clinicians (mental health professionals, social workers, counselors) and human service workers, the TTS™ concepts can be taught and implemented in countless settings. In fact, the training and concept are engaging many high levels of interest, including the research body of Harvard University. This is, in part, due to the ease of replication and scalability.

Budgetary Savings

Based on figures from www.michigan.gov/midashboard, the overall cost of incarceration for one individual for one year is \$34,423.15 (\$94.31 per day). The overall effects of the DSCC reentry program produced results of astounding proportion – 7% recidivism among 216 participants compared to the national average (according to the Pew studies) of 43 – 47%.

The DSCC project produced a savings as a result of low recidivism of \$6,569,052.15 (93% success rate less the cost of TTS™ program delivery).

Based on the expenditures of the DSCC program, the cost to apply the TTS™ model of care to each client was approximately \$1,700 -\$2,500 per person. It could be anticipated, depending on the expectations of service, that future reentry programs using TTS™ would have a similar delivery cost per unit.